**MEDICAL IN CONFIDENCE**



**HELLENIC CIVIL AVIATION AUTHORITY**

**FORM FOR CHANGE OF ISSUING COUNTRY OF THE MEDICAL CERTIFICATE**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DESCRIPTION** |  |
| 1 | State of Transfer FROM:Address:Telephone:Email | Hellenic Civil Aviation Authority H.C.A.A.A.M.SBUILDING 45 Athens International Airport ELEFTHERIOS VENIZELOSPo BOX 19019 Spata GREECEE-mail: ams@hcaa.gov.gr  |
| 2 | State of Transfer to:Address:TelephoneFaxEmail |  |
| 3 | Licence held: | Type:  |  |
| Reference  |
| 4 | Full name of holder |  |
| 5 | Address of holder  |  |
| 6 | Date of Birth (dd/mm/yyyy) |  |
| 7 | Nationality of holder |  |
| 8 | Limitations (if any) | - |

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DESCRIPTION**  |  |
| 9 |  |
| CONSENT **CONSENT RECEIVED VIA EMAIL** |
| I,(Name of applicant) ……………………………………consent to my AeroMedical records being transferred to the Authority Medical Section of the Licensing Authority of the ……………… CAA .Signature: …………………………………………….. Date (dd/mm/yyyy):  |
| VERIFICATION |
| I, (name), Dr ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,of the Hellenic Civil Aviation Authority, certify that the details given above and on any additional pages included are true and correct.Date (dd/mm/yyyy): 22/03/2023 |
| Signature and Medical Assesor stamp |  |